



**Allegany County Septic System Replacement Program**

Thank you for your interest in the Septic System Replacement Program grant that offers 50% reimbursement for eligible septic replacement projects and design. Please read the following statement, sign and date this document, and enclose with your application or give to your Health Department inspector.

I, \_\_\_\_\_(homeowner) agree to allow the Allegany County Department of Health on my property in order to conduct an inspection relative to eligibility for the Septic System Replacement Program. If the Allegany County Department of Health inspector, or other designated representative, finds a public health hazard or a violation of the Allegany County Sanitary Code and the homeowner is not found to be eligible for the Septic System Replacement Program, the homeowner understands that the public health hazard **MUST** be corrected regardless of whether he/she may be eligible for grant funds. If a public health hazard or other violation of the Allegany County Sanitary Code is not observed during the time of inspection, and the homeowner is not eligible for grant funds based upon program guidelines, the homeowner will not be required to repair or replace any components of the sewage disposal system unless they would like to.

If a septic tank assessment is necessary please have the entire top of the septic tank uncovered (3 lids) in order for the inspector to make an educated assessment of the type, size, and functionality of the septic tank and/or sewage disposal system. This initial or preliminary assessment for the septic tank or sewage disposal system, if applicable, is not covered under the grant funds.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

House Address:

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\_\_\_\_\_  
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